

Authorized Representative Designation for independent Medical Review
(To accompany the Application for independent Medical Review, DWC Form IMR)

Section I. To be completed by the Employee:

Employee Name (Print):	Jonathan Shockley
------------------------	-------------------

I wish to designate

Name of Individual (Print):	Bilal Kassem, Esq.
-----------------------------	--------------------


to act on my behalf regarding my Application for independent Medical Review. I authorize this individual to receive any notice or request in connection with my appeal, and to provide medical records or other information on my behalf. I further authorize the Division of Workers' Compensation, and the independent Medical Review Organization-designated by the Division of Workers' Compensation to review my application, to speak to this individual on my behalf regarding my Application for Independent Medical Review. I understand that I have the right to designate anyone that I wish to be my authorized representative and that I may revoke this designation at any time by notifying the Division of Workers' Compensation or the independent Medical Review Organization designated by the Division of Workers' Compensation to review my application.

In addition to designating the above-named individual as my authorized representative, I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment to the independent review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may also include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the independent review organization designated by the Administrative Director to review these records and information sent by my claims administrators and treating physicians. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.

Employee Signature:	 Jonathan Shockley	Date: March 7, 2019
---------------------	--	---------------------

Section II. To be completed by the Authorized Representative designated above. Law firms, organizations, and groups may represent the Employee, but an Individual must be designated to act on the Employee's behalf.

I accept the above designation to act as the above-named Employee's authorized representative regarding their Application for Independent Medical Review. I understand that the Employee may revoke this authorization at any time and appoint another individual to be their authorized representative.

Name:	Bilal Kassem	
I am a/an:	Attorney	
(Professional status or relationship to the Employee, e.g., attorney, relative, etc.)		
Address: 333 Hegenberger Road, Suite 504		
City: Oakland	State: CA	Zip Code: 94621
Phone Number: (510) 444-2512	Fax Number: (866) 819-6169	
State Bar Number (if applicable):	280026	
Representative Signature:		Date: March 12, 2019



Non-Certification Recommendation

CLAIM #: 040519008736	INSURED: Biotelemetry, Inc. / Chubb & Son (WC) - Los Angeles, CA
DOI: 02/15/2019	CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA
CLAIMANT: Jonathan Shockley	ADJUSTER: Mario Castro
CORVEL #: 139249073-UMO-51	

Determination Date:	2/22/2022
RFA Received Date:	02/14/2022
Provider:	Babak Jamasbi, MD
Pre-cert #:	139249073-UMO-51

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, Alan Mirasol, MD, CA-C51939, TN-49167, TX-P1476, who is board certified in PM&R (Board Certified), was unable to recommend the requested treatment. The non-certification decision was made on 02/22/2022.

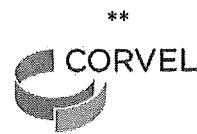
THERAPY									
Determination	Type of Therapy	Total # Visits		Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	6		Neck, Bilateral Hands-Wrists and Elbows.	97813, 97814, 97026, 97124				
Non-Certified	Acupuncture	6		Neck, Bilateral Hands-Wrists and Elbows.	97813, 97814, 97026, 97124	2/22/22	2/22/23		

Guidelines used in the determination process: MTUS-ACOEM. The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached.

Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.1.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured workers representative, or the injured workers attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30-calendar days of receipt of this decision.

You have the right to disagree with the decision affecting your claim. If you have any question about the information in this notice, please call your adjuster, Mario Castro, at (213) 612-0880. However if you are represented by an attorney, please contact your attorney instead of your adjuster.



For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent medical information which has not previously been submitted for review. You may submit a request for appeal to CorVel Corporation or the claims administrator. You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision. A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-8500 to arrange an agreed upon scheduled time between the hours of 8:30a.m. to 5:30p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

****For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

Sincerely,

Anastasia Skenandore RN, CCM
Utilization Management Department

cc: Office Copy
Mario Castro
Jonathan Shockley
Farber & Co
Colantoni, Coll Marren, Phillips and

****NOTE****

**Please attach a copy of this recommendation letter
with your bill; otherwise, payment may be
delayed.**

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.



State of California, Division of Workers' Compensation
APPLICATION FOR INDEPENDENT MEDICAL REVIEW
DWC Form IMR

TO REQUEST INDEPENDENT MEDICAL REVIEW:

1. Sign and date this application and consent to obtain medical records.
2. Mail or fax the application and a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:
DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009 FAX # (916) 605-4270
3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Expedited		Modification after appeal <input type="checkbox"/>
Employee Name (First, MI, Last): Jonathan Shockley		
Address: 1000 Sutter St. San Francisco, CA 94109		
Phone Number: (415) 312-4029		Employer: Biotelemetry, Inc.
Claim Number: 040519008736		Date of Injury (MM/DD/YYYY): 02/15/2019
WCIS Jurisdictional Claim Number (if assigned): undetermined		EAMS Case Number : ADJ12031731
Employee Attorney (if known): Farber & Co		
Address: 333 Hegenberger Road #504 Oakland, CA 94621		
Phone Number:		Fax Number:
Requesting Physician Name (First, MI, Last): Babak Jamasbi, MD		
Practice Name:		Specialty: PAIN MAN
Address: 1335 Stanford Ave. Emeryville, CA 94608		
Phone Number: (510) 647-5101		Fax Number: (510) 647-5105
Claims Administrator Name: Chubb & Son (WC) - Los Angeles, CA /		
Adjuster/Contact Name: Mario Castro		
Address: PO Box 30850 Los Angeles, CA 90030 90030		
Phone Number: (213) 612-0880		Fax Number:
Disputed Medical Treatment (Complete below section)		
Primary Diagnosis (Use ICD Code where Practical): M7.832		
Date of Utilization Review Determination Letter: 02/22/2022		
Is the Claims Administrator disputing liability for the requested medical treatment besides the question of medical necessity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason:		
List each specific requested medical services, goods, or items that were denied or modified in the space below. Use additional pages if the space below is insufficient.		
1. Therapy : Acupuncture x 6		
Request for Review and Consent to Obtain Medical Records		
I request an independent medical review of the above-described requested medical treatment. I certify that I have sent a copy of this application to the claims administrator named above. I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment identified on this form to the independent medical review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical reports and any other information related to my case, excepting records regarding HIV status, unless infection with or exposure to HIV is claimed as my work injury. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.		
Employee Signature:		Date:

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM



If your workers compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.

You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application or you and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health and your claims administrator did not perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

DWC-IMR, c/o Maximus Federal Services, Inc.
P.O. Box 138009, Sacramento, CA 95813-8009
FAX Number: (916) 605-4270

- Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

Your Right to Provide Information

You have the right to submit either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically necessary, including all documents or records provided by your treating physician or any additional material you believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physicians requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition.

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free 1-800-736-7401. You may also go to the DWC website at www.dwc.ca.gov. DWC Form IMR (Effective 2/2014)



Authorized Representative Designation for Independent Medical Review
(To accompany the Application for Independent Medical Review, DWC Form IMR)

Section I. To be completed by the Employee:

Employee Name (Print):	
------------------------	--

I wish to designate

Name of Individual (Print):	
-----------------------------	--

to act on my behalf regarding my Application for Independent Medical Review. I authorize this individual to receive any notice or request in connection with my appeal, and to provide medical records or other information on my behalf. I further authorize the Division of Workers' Compensation, and the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application, to speak to this individual on my behalf regarding my Application for Independent Medical Review. I understand that I have the right to designate anyone that I wish to be my authorized representative and that I may revoke this designation at any time by notifying the Division of Workers' Compensation or the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application.

In addition to designating the above-named individual as my authorized representative, I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment to the independent review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the independent review organization designated by the Administrative Director to review these records and information sent by my claims administrators and treating physicians. My permission will end one year from the date below, except as allowed by law I can end my permission sooner if I wish.

Employee Signature:		Date:	
---------------------	--	-------	--

Section II. To be completed by the Authorized Representative designated above. Law firms, organizations, and groups may represent the Employee, but an individual must be designated to act on the Employee's behalf.

I accept the above designation to act as the above-named Employee's authorized representative regarding their Application for Independent Medical Review. I understand that the Employee may revoke this authorization at any time and appoint another individual to be their authorized representative.

Name:	
I am a/an:	
(Professional status or relationship to the Employee, e.g., attorney, relative, etc.)	
Address:	



City:	State:	Zip Code:
Phone Number:	Fax Number:	
State Bar Number (if applicable):		
Representative Signature:		Date:



Physician Peer Review

Account No: 636588.1

Requesting Physician: Babak Jamasbi, MD

Patient Name: Jonathan Shockley

DOS: 02/22/2022

DOI: 02/15/2019

Claim No: 040519008736

Reviewing Physician:

Alan Mirasol, MD

PM&R (Board Certified)

CA-C51939, TN-49167, TX-P1476

REQUESTED PROCEDURE/SERVICE

1. Acupuncture x 6 for Neck-Bilateral Elbows-Wrists and Hands

DETERMINATION

NON-CERTIFY

TELEPHONE COMMUNICATIONS

- 02/18/22 12:45 - Admin called (510) 647-5101 ext 133 and left callback information to BemBem Z Auth Coordinator's voicemail.
- 02/22/22 09:45 - Admin called (510) 647-5101 ext 133 and left callback information to BemBem Z Auth Coordinator's voicemail.

MEDICAL RECORDS AND DATA REVIEWED

For the current report, I reviewed the following medical records in their entirety:

02/11/22 Dr. Jamasbi RFA

02/11/22 Dr. Jamasbi Prescription

02/04/22 Dr. Jamasbi Report

Utilization Review Determination Report

REQUESTED SERVICES: Acupuncture x 6 for Neck-Bilateral Elbows-Wrists and Hands [NON-CERTIFY]



CLINICAL HISTORY

According to the medical records, the patient is a 43-year-old male, an EKG technician, who sustained an industrial injury on February 15, 2019. He has been diagnosed with a cervical disc disorder with radiculopathy, bilateral upper arm soft tissue disorders related to use, overuse and pressure, and lesion of ulnar nerve of unspecified upper limb. His comorbidities include bronchitis, eczema, epilepsy, and anxiety. He is status post sympathectomy in 2000, right Achilles tendon debridement in 2002, and right Achilles tendon debridement in 2003. His previous treatments include medications, physical therapy, acupuncture, massage therapy, hand therapy, and aquatic therapy. He is a non-smoker and does not consume alcohol. The patient is not currently working. However, the patient is placed on modified duty.

The utilization review determination report indicated that the request for 12 sessions of acupuncture for bilateral hands, lower arms, and wrists was certified on March 10, 2020. Also, the request for 12 sessions of acupuncture for bilateral lower arms was certified on June 10, 2020. The request for 6 sessions of physical therapy to neck was certified on March 11, 2021. The request for 6 sessions of hand therapy to bilateral elbows, wrist, hands was certified on March 11, 2021. The request for 6 sessions of each of chiropractic treatment to neck, bilateral elbows/wrist, and hand was certified on March 11, 2021, May 10, 2021, September 2, 2021, and December 7, 2021, total of 24 sessions.

A peer review on December 15, 2020, non-certified the request for Acupuncture x6 for neck, bilateral hands, wrists and forearms. The records indicated that the patient had completed at least 42 sessions of acupuncture. Despite a substantial amount of acupuncture, the patient remained off work nearly 2 years status post injury. The records did not establish significant sustained pain relief or any quantifiable functional improvements associated with previous acupuncture. In addition, IMR recently determined that additional acupuncture for bilateral hands, wrists and forearms was not medically necessary and appropriate. Additional acupuncture was not supported. Therefore, the medical necessity of the request was not established.

Dr. Jamasbi evaluated the patient on February 4, 2022, for persistent bilateral arm pain with pain in his bilateral upper extremities, worse on the right. The pain was described as burning and pulling. It radiated from his hands and wrists up to his elbows and he had pain in his right deltoid region and shoulder. The patient reported pain in his neck that was radiating into bilateral upper extremities, which was associated with numbness and tingling into his right fourth and fifth digits. The pain was worse with activity and better with conservative treatment. Previously, the patient had received acupuncture therapy with benefit, but additional sessions had been denied by IMR although had now expired. The patient had also completed 18/18 sessions of chiropractic therapy with benefit. He noted that these sessions helped to decrease his pain by about 30% and noted some improved tolerance for activity. The patient was approved for 6 more sessions, but only completed 1/6 sessions so far. The patient had also tried physical therapy, but was able to complete only 1-2 sessions before his pain increased. He had discontinued this. The patient continued to use lidocaine cream, Voltaren gel, and Flector patches as topical medications that decreased his pain from 5/10 to 2/10. His current medications included lidocaine 5% ointment, Voltaren 1% gel, Flector 1.3% patch, Advil (OTC), and aspirin EC 81 mg. He denied any side effects with the medications. It was noted an EMG done on February 10, 2020, showed demyelinating ulnar mononeuropathy bilaterally across the elbows, but no evidence of median, radial or cervical radiculopathy on either side.

It was noted that the massage therapy exacerbated his pain previously. The patient was seen



by Dr. Gordon for a surgical consultation on July 22, 2020, although Dr. Gordon did not recommend any surgery. He was also not able to confirm the presence of ulnar neuropathy through physical examination despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG and apparently this report showed ulnar neuropathy. Given that Dr. Gordon did not recommend a surgical intervention, the physician recommended acupuncture. However, this request was denied by IMR. The patient had completed chiropractic therapy with benefit. He was approved for 6 additional therapies, but his usual provider was now out of network. He was hoping to hear back from scheduling agency about alternate options soon. Due to this delay, the physician recommended acupuncture sessions as the denial had now expired. Furthermore, MRI of the cervical spine performed on April 3, 2020, showed a 4 mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as left paracentral disc protrusion at C6-C7. There was also mild central stenosis from C5-C7 noted. Severe bilateral neural foraminal stenosis at C5-C6 might be contributing to right shoulder and deltoid pain. Therefore, the physician recommended a cervical epidural steroid injection, but the patient deferred the injection. It was also noted that the patient had seen Dr. Solsar for his neck and upper extremity symptoms, who did not find the patient to be a surgical candidate as cervical spine surgery would likely not lead to improvement of his upper extremity pain. Additionally, the physician recommended a refill of Voltaren gel, Lidocaine ointment and Flector patch. The patient was permanent and stationary as per Dr. Stoller, QME. However, the patient was placed on modified duty with work restrictions that the patient could perform one hour of computer work in an 8-hour day.

On February 11, 2022, Dr. Jamasbi requested authorization for 6 sessions of acupuncture for Neck-Bilateral Elbows-Wrists and Hands.

RECOMMENDATIONS

According to the CA MTUS guidelines, acupuncture is recommended to treat chronic persistent pain. The guidelines note that an initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions. In this case, the records indicate that the patient has undergone multiple prior acupuncture treatments and additional treatment has been non-certified on peer review and upheld on IMR. As per a peer review on December 15, 2020 the patient had completed at least 42 sessions of acupuncture. The records do not establish quantifiable improvement in pain and function obtained from past acupuncture treatments. The patient is not working. Given these reasons, this request for additional acupuncture therapy is not supported. Modalities such as cold or local heat followed by the patient's home exercise program could be utilized as an alternative. Therefore, my recommendation is to NON-CERTIFY the request for Acupuncture x 6 for Neck-Bilateral Elbows-Wrists and Hands.

GUIDELINES / REFERENCES

GUIDELINES/REFERENCES: ACUPUNCTURE

CA MTUS Treatment Guidelines (December 1, 2017)

Chronic Pain Guideline (ACOEM May 15, 2017)

Allied Health Interventions

Acupuncture for Chronic Persistent Pain

Recommended.

Acupuncture is recommended to treat chronic persistent pain. (See other guidelines for specific disorders, especially for low back pain.)

Strength of Evidence – Recommended, Insufficient Evidence (I)



Level of Confidence – Low

Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Potential to improve pain control and advance functional exercises and conditioning.

Harms: Negligible in experienced hands. Pneumothoraces have occurred and puncture of other internal organs has occurred.

Frequency/Dose/Duration: Evidence does not support specific Chinese meridian approaches, as needling the affected area appears sufficient. Patterns used in quality studies ranging from weekly for a month to 20 appointments over 6 months. However, the norm is generally no more than 8 to 12 sessions. An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Lack of improvement, lack of compliance with exercises, lack of incremental functional gain at the end of a treatment course, intolerance.

Rationale: There are multiple quality trials of acupuncture for treatment of many disorders, especially of low back pain (see Low Back Disorders Guideline). There are no quality trials evaluating acupuncture for treatment of non-specific chronic persistent pain. (One small study found no differences between sham and classic Chinese acupuncture.[243] There are quality studies evaluating acupuncture for the treatment of chronic pain including chronic neck pain, LBP, osteoarthritis (especially of the knee), lateral epicondylitis, adhesive capsulitis of the shoulder, and headaches.[133, 244] Many different study designs have been used. These include comparisons with shams that insert needles in non-traditional locations, minimal acupuncture with superficial needling, shams that do not insert needles, and comparisons with non-acupuncture treatments. Some studies have combined the acupuncture with electrical currents, and others have applied electrical currents to acupuncture sites. There is no clear benefit of electroacupuncture over needling. There remain some questions about efficacy of acupuncture,[245, 246] with concerns about biases, e.g., attention and expectation bias, in these study designs. Some, but not all studies, suggest persistence of meaningful benefits beyond the duration of treatment.

The majority of studies have demonstrated that there is no benefit of traditional Chinese acupuncture over other types of acupuncture. The evidence to address that question prominently includes all of the highest quality studies.[247-249] One study that evaluated acupuncture in trigger points found benefit from needling over either traditional acupuncture or acupuncture applied to other sites,[250] but that study has not been replicated. There is similarly a suggestion that superficial needling may be as efficacious as deep needling of muscles,[251] but not all studies have found that result.[252] Thus, aside from having identified that there does not appear to be a benefit from traditional acupuncture over other forms of acupuncture, other aspects of needling need further study. Evidence of benefits from acupuncture is strongest for LBP (see Low Back Disorders). However, there is consistent evidence of benefit for chronic neck pain.[250, 253-255] There are few quality studies evaluating the utility of acupuncture for treatment of tender and trigger points and they tend to have significant design flaws which limit the strength of conclusions. Efficacy of acupuncture for this indication is suggested by the highest quality study.[250]

Acupuncture when performed by experienced professionals is minimally invasive, has minimal



adverse effects, and is moderately costly. Despite significant reservations regarding its true mechanism of action, a limited course of acupuncture may be recommended for treatment of certain specific disorders[244, 256-265] (see other guidelines, including Elbow Disorders and Cervical and Thoracic Spine Disorders). Acupuncture is minimally invasive, has low adverse effects, is moderately costly, appears to have some evidence of efficacy, and is recommended. Evidence: There are no quality studies evaluating acupuncture for the treatment of chronic persistent pain.

CA MTUS Treatment Guidelines (December 1, 2017)

Chronic Pain Guideline (ACOEM May 15, 2017)

Allied Health Interventions

Acupuncture/Electroacupuncture

Not Recommended.

Acupuncture or electroacupuncture are not recommended to treat neuropathic pain.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

Rationale: None of three moderate quality trials evaluating acupuncture or electroacupuncture for treatment of neuropathic pain show efficacy [1210-1212], although one of the 3 studies showed a trend towards efficacy [1212]. Acupuncture is minimally invasive, has minimal adverse effects, is moderately costly, and in the absence of quality evidence of efficacy, is not recommended.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There are moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

CA MTUS Treatment Guidelines (December 1, 2017)

Chronic Pain Guideline (ACOEM May 15, 2017)

Allied Health Interventions

Acupuncture for CRPS

No Recommendation.

There is no recommendation for or against acupuncture for treatment of CRPS.

Strength of Evidence – No Recommendation, Insufficient Evidence (I)

Level of Confidence – Low

Rationale: There are no quality trials evaluating acupuncture for treatment of CRPS. (One small



study found no differences between sham and classic Chinese acupuncture.[243]) The majority of quality trials on various chronic pain disorders have demonstrated that there is no benefit of traditional Chinese acupuncture over other types of acupuncture. (see other guidelines, e.g., Low Back, Cervical Spine). Acupuncture when performed by experienced professionals is minimally invasive, has minimal adverse effects, is moderately costly but as it lacks evidence of efficacy for treatment of CRPS, there is no recommendation.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, Cochrane Library, and Google Scholar without date limits using the following terms: Complex regional pain syndrome, reflex dystrophy syndrome, CRPS, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 323 articles in PubMed, 51 in Scopus, 45 in CINAHL, 45 in Cochrane Library, 70 in Google Scholar, and 31 from other sources. We considered for inclusion 128 from PubMed, 0 from Scopus, 0 from CINAHL, 0 from Cochrane Library, 0 from Google Scholar, and 31 from other sources. Of the 159 articles considered for inclusion, 64 randomized trials and 37 systematic studies met the inclusion criteria. There are 18 high- or moderate-quality RCTs on low back pain incorporated into this analysis (see guideline on Low Back Disorders for these studies). There is 1 moderate-quality RCT incorporated into this analysis. There are 6 low-quality RCTs,[252, 373-377] in Appendix 4. Trials enrolling only elderly patients,[378-381] or patients with lower urinary tract symptoms[382] or chronic pancreatitis[383] patients were not included.

PHYSICIAN ATTESTATION

- This report has been dictated using Dragon Medical voice recognition software and is therefore subject to transcription variance.
- I attest that I have the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review, and have current relevant experience and/or knowledge to render a determination on this case under review. My license or certification is current and unrestricted. I have at least five years of accumulative full-time equivalent experience providing direct clinical care to patients over the length of my career.
- The opinions expressed in this report are those of this evaluator and were rendered on the basis of documentation provided (outlined above) and are assumed as true and correct to the best of my knowledge except that as indicated was received from others.
- I certify that I have no material, professional, familial, or financial conflict of interest regarding any of the following: the referring entity; the insurance issuer or group health plan that is subject of the review; the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator; plan fiduciary, or plan employee; the healthcare provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is subject of the review; the facility at which the recommended health care service or treatment would be provided; the developer or manufacture of any principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is under review, or the alternative therapy, if any, recommended by the employer; the employee or the



employee's immediate family, or the employee's attorney. I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review.

- In the case of an appeal or re-review, I certify that I have identified the name of the physician who conducted the initial review, and that I have no subordinate relationship with that individual.



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On February 22, 2022, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Anastasia.skenandore@chubb.com
Email: Anastasia.skenandore@chubb.com

Babak J Jamasbi, MD
Fax: (510) 647-5105

Executed on February 22, 2022, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4330 SE International Way, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On February 22, 2022, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Babak J Jamasbi, MD
1335 Stanford Ave.
Emeryville
CA
94608

Colantoni, Collins, Marren, Phillips and Tulk:
Colantoni, Coll Marren, Phillips and
201 Spear Street #1100
San Francisco
CA
94105

Farber & Co: Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Executed on February 22, 2022 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

Becca Guimont

Signature

File: 040519008736, Shockley Jonathan